



BZT

Houze, et al. v. BrassCraft Manufacturing Company, et al., Case No. BC493276
Superior Court of the State of California –
County of Los Angeles

Settlement Benefits may be available for Eligible Conditions in Covered Products by submitting this Claim Form to the EZ-Flo Claims Administrator.

EZ-Flo Yellow Brass Settlement Claim Form

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address																			
Primary Address Continued																			
City										State		Zip Code							

YOU MUST SIGN AND DATE THIS CLAIM FORM ON PAGE 4 TO BEGIN THE CLAIM HANDLING PROCESS.

1) Claimant Information

Name of Property Owner																			
Address of Property Owner (Street)																			
City										State		Zip Code							

LIST ALL PROPERTY OWNERS. If there are additional owners, attach a list with each additional owner's name and address.

If you are making a claim for a business or entity, provide the following:

Name of business or entity																			
Name of person submitting claim on behalf of business or entity																			
Position or Title																			
Address of Property Owner (Street)																			
City										State		Zip Code							



FOR CLAIMS PROCESSING ONLY	OB		CB		<input type="radio"/> DOC	<input type="radio"/> RED
					<input type="radio"/> LC	<input type="radio"/> A
					<input type="radio"/> REV	<input type="radio"/> B

Are you (or the business or entity identified above) the current owner of the property? Yes No

If NO, what dates did you (or the business or entity) own the property:

/ / / /

Start Date

End Date

2) Claimant Contact Information/Mailing Address

Street

City

State

Zip Code

— — — —

Home Phone Number

Work Phone Number

Email

3) Address of Affected Property (“Property Unit”) (if different than mailing address)

You must submit separate Claim Forms for each property if you are seeking Settlement Benefits for more than one Property Unit. A P.O. Box is not an appropriate address; you must list the physical street address.

Street

City

State

Zip Code

Unit type (select one): Residential Commercial

See Section 3 of the Notice or go to www.EZ-Flosettlement.com to determine what type of Property Unit you have.

4) Identification of Covered Product(s).

YOU MUST SUBMIT PHOTOGRAPHS OF EACH COVERED PRODUCT, TAKEN WITHIN TEN (10) YEARS OF THE DATE OF MANUFACTURE, WITH THIS CLAIM FORM.

Identify the type and number of Covered Product(s) for which you are submitting this Claim Form:

Product Type	Quantity
Supply Stop	
Water Connector	
Fitting	
Don't Know Type / Other (please identify): _____	

5) Proof of Date of Manufacture (Required for each Covered Product).

Product Type	Date Code(s), Date(s) of Manufacture, or Date of Purchase
Supply Stop	
Water Connector	
Fitting	
Don't Know Type / Other (please identify): _____	

The photographs you submit with this Claim Form must show both: (1) EZ-Flo manufacture stamp if this stamp appears on the Covered Product; AND (2) Date of Manufacture stamp if this stamp appears on the Covered Product. For help locating the (1) EZ-Flo Covered Product brand manufacture stamp and (2) Date of Manufacture stamp on supply stops and water connectors, go to www.EZ-Flosettlement.com.

QUESTIONS? CALL 1-866-798-2031 OR VISIT WWW.EZ-FLOSETTLEMENT.COM Page 2 of 4



6) Proof of Eligible Conditions in a Covered Product(s)

To determine if you have Exterior Meringue Deposits, an Occlusion, an Inoperable Valve handle, or a Leak, see Section 7 of the Notice or go to www.EZ-Flosettlement.com.

A. Are you making a claim for an Exterior Meringue Deposit? Yes No

To submit a valid claim for Exterior Meringue Deposits, the photographs you submit with this Claim Form must show the claimed Exterior Meringue Deposits while in service. This benefit is limited to 15 replacement parts per property unit.

B. Are you making a claim for an Occlusion? Yes No

To submit a valid claim for an Occlusion, the photographs you submit with this Claim Form must show the Covered Product in service. You must also complete and sign Affidavit "A" at the end of this Claim Form. This benefit is limited to 3 replacement parts per property unit.

C. Are you making a claim for an Inoperable Valve handle? Yes No

To submit a valid claim for an Inoperable Valve handle, the photographs you submit with this Claim Form must show the Covered Product in service and Exterior Meringue Deposits. You must also complete and sign Affidavit "A" at the end of this Claim Form. This benefit is limited to 3 replacement parts per property unit.

D. Are you making a claim for a Leak? Yes No

To submit a valid claim for a Leak, you must submit the Covered Product(s) to the Claims Administrator, in accordance with the following instructions, to confirm an Eligible Condition:

Upon receipt of your completed and signed Claim Form and photographs of the Covered Product(s), and after a Leak Claim involving a Covered Product is confirmed, the Claims Administrator will provide you with a return shipping authorization and pre-paid shipping label for return of the Covered Product(s) to EZ-Flo. Upon receipt of the return shipping authorization and pre-paid shipping label, you have sixty (60) days to return the Covered Product(s) to EZ-Flo or the Claims Administrator may deny your Leak Claim.

E. Are you making a claim for \$3,500 or less in Property Damage resulting from a Leak? Yes No

The maximum Settlement Benefit for Property Damage Claims is \$3,500 per Property Unit. Under this settlement, you may not recover for property damage covered and paid by insurers. You may recover for deductibles not paid by insurance. If you are making more than one claim for property damage, you must submit a separate Claim Form for each claim.

Date of Leak/property damage loss (mm/dd/yyyy): / /

Total Leak amount claimed:

Leak only without property damage claimed \$ _____ ~Or~ Leak with property damage claimed \$ _____

Have you reported, or do you intend to report, your claim for property damage to an insurance company? Yes No

If YES, provide the name, address, phone number, claim representative of the insurance company, and claim number:

For a valid property damage claim, you must submit:

- The Covered Product to the Claims Administrator by following the procedure set forth in **Section D** (claim for a Leak) above.
- Photographs depicting all alleged property damage.
- Copies of invoices, expense records, receipts, or other verifiable documents for your reasonable out-of-pocket expenses for repair or replacement of damaged property that were not otherwise paid or reimbursed by an insurance company or other entity.

You may attach Documents or other materials in support of your property damage claim to this Claim Form (i.e., invoices, photographs, repair estimates).



F. Did you experience more than \$3,500 in Property Damage resulting from a Leak?

Yes No

If YES, choose one of the following:

- I elect to limit my claim to \$3,500 in Property Damage.
- I elect to waive the benefits of this settlement and pursue my own individual claim with my own counsel in a separate lawsuit.

The settlement gives Class Members with more than \$3,500 in Property Damage the option to either (1) make a claim for a maximum payment of \$3,500 per Property Unit, regardless of the amount of actual damages claimed; or (2) opt out of the settlement during the claims period and file an individual lawsuit against EZ-Flo, forfeiting all Settlement Benefits.

7) **Prior Adjudication of Claims**

Have you or someone on your behalf (e.g., insurance company or contractor) previously settled with, released, or otherwise had claims related to this Property Unit adjudicated on the merits against EZ-Flo that are substantially similar to those alleged in this action?

Yes No

8) **Signature Verification**

IMPORTANT DEADLINES: Claims for Exterior Meringue Deposits must be made within one year of the date the Settlement Agreement becomes final (the "Effective Date"). Claims for Occlusions and Inoperable Valves must be made within three years of the Effective Date. Claims for Leaks that occur before the Effective Date must be made within three years of the Effective Date or within seven years of the Date of Manufacture, whichever date is later. Claims for Leaks that occur after the Effective Date must be made within one year of the Leak. The Effective Date shall be posted to the settlement website www.EZ-Flosettlement.com within 10 days of the date the Final Order and Judgment entered pursuant to the Settlement Agreement becomes final.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO RETAIN AND TO ALLOW AN EXAMINATION OF MY RECORDS AND COVERED PRODUCTS TO VERIFY THIS INFORMATION IF REQUIRED BY THE SETTLEMENT. I FURTHER ACKNOWLEDGE THAT ANY COVERED PRODUCTS SUBMITTED TO THE CLAIMS ADMINISTRATOR SHALL BECOME THE PROPERTY OF EZ-FLO INTERNATIONAL, INC. AND MAY BE DISPOSED OF WITHOUT NOTICE AFTER THE FINAL DETERMINATION OF MY CLAIM, INCLUDING THE DETERMINATION OF ANY APPEALS TO THE SPECIAL MASTER THEREON. IF MY CLAIM IS DENIED BECAUSE THE PART IS NOT A COVERED PRODUCT, I WILL BE GIVEN NOTICE OF SUCH DETERMINATION AND AN OPPORTUNITY TO RETRIEVE THE PART AT MY EXPENSE.

ALL OWNERS OF THE SUBJECT PROPERTY MUST SIGN THIS CLAIM FORM TO BEGIN THE CLAIM HANDLING PROCESS.

Owner Signature: _____ Date (mm/dd/yyyy): ____ / ____ / _____

Co-Owner Signature: _____ Date (mm/dd/yyyy): ____ / ____ / _____

Business or Entity Signature: _____ Date (mm/dd/yyyy): ____ / ____ / _____

Please make a copy of the completed form for your records.

Mail or Deliver to: EZ-Flo Settlement Claims Administrator, P.O. Box 404041, Louisville, KY 40233-4041

AFFIDAVIT OF CLAIMANT "A"

(To be completed and signed by property owner seeking Settlement Benefits for a Covered Product with an alleged **Occlusion** and/or an alleged **Inoperable Valve**)

I hereby declare under the penalty of perjury that (check all that apply):

- I am making a claim for a Covered Product with an **Occlusion**. I hereby state that the Covered Product for which I seek Settlement Benefits has an **Occlusion** as defined in Paragraph 1.13.c of the Settlement Agreement.
- I am making a claim for an **Inoperable Valve** handle that is a Covered Product. I hereby state that the Covered Product for which I seek Settlement Benefits is a stop valve that is mechanically inoperable as defined in Paragraph 1.13.d of the Settlement Agreement.

Owner Signature: _____ Date (mm/dd/yyyy): ____ / ____ / _____

